# **NOTICE OF ACTION**

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

		Case Name Number Worker Name Number Telephone	:
(ADDRESSEE)			
			Questions? Ask your Worker.
			<b>State Hearing:</b> If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
for payment of the fo	, the County has approved your request bllowing items needed for your approved  Cal-Learn activity or to get a job:  Cost  \$	for pa	, the County has denied your request yment of the following items needed for your approved elfare to Work   Cal-Learn activity or to get a job:
		Here's why	r.
		☐ You a	re not in an approved  □ Welfare to Work Il-Learn activity.
Total \$  The County may continue to pay for work expenses for up to the		☐ The co	ost is not necessary because:
first 12 months after you have started a job. We will pay only if you need it to keep your job and you cannot get the work expenses paid from somewhere else.  Your payments will be:   Advanced to you  Paid back to you			o not need these items for your   Welfare to Work   earn activity or to get a job because:
	Paid to the school  Other:		
The following item payment:	ns you asked for were not approved for	☐ Other:	
Item	Item		all your Welfare to Work/Cal-Learn worker if you think this is wrong.
Here's why:			
-	ssary because:		
	for your  Welfare to activity or to get a job because:		
Other:			
	ply. You may review them at your welfare		nese rules apply. You may review them at your welfare

XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

# YOUR HEARING RIGHTS

# To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

## To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

#### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

# Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

# HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

## **HEARING REQUEST**

I want a hearing because of an action by the Welfare Departmen
of County about my
$\square$ Cash Aid $\square$ Food Stamps $\square$ Medi-Cal $\square$ Child Care
Other (list)
Here's why:
☐ Check here and add a page if you need more space.
☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.
NAME
ADDRESS
I need a free interpreter.  My language or dialect is:
My name:
Address:
Phone:
My case number:
My signature:
Date: